# TMS\* now available in Newcastle

\*Transcranial Magnetic Stimulation Treatment



## After trialling 2 antidepressants: The likelihood of responding to antidepressant monotherapy

drops >50% versus first-line treatment.1



Augmenting with, or switching to TMS treatment may give your patients a better chance of getting well.1-4

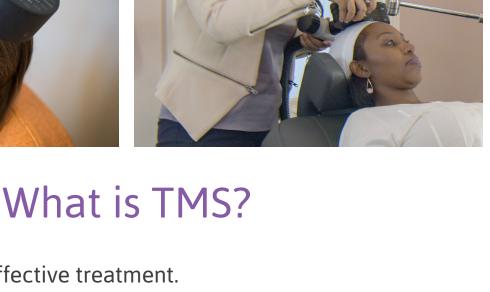


According to the Royal Australian and New Zealand College of Psychiatrists (RANZCP), "TMS is a sensible treatment option in patients who have failed to respond to initial antidepressant



therapy, or who have significant problems with tolerating medication treatment".5





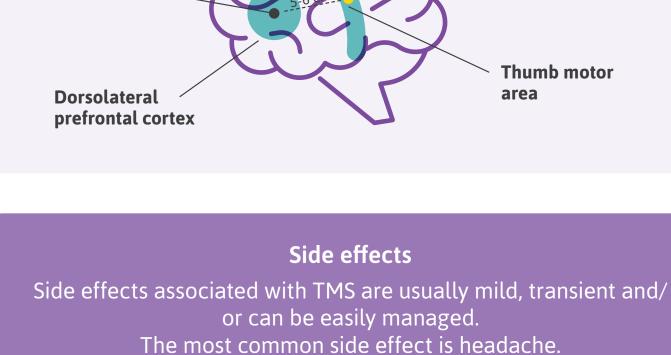
### TMS uses non-invasive magnetic pulses to stimulate the prefrontal cortex of the brain to activate positive mood pathways:

• When an electrical current passes through a TMS coil, it generates a

magnetic field that passes into the brain without resistance • This magnetic field acts via induction to produce electrical activity in the underlying cortical neurons

- If the stimulation is provided above a certain threshold, these neurons will depolarise • The repeated firing of local cortical neurons induces an effect similar to
- long-term potentiation. The magnetic field reaches 2-3 cm beneath the skull, stimulating the
- dorsolateral prefrontal cortex and activating a circuit which goes into the limbic system.

**Precentral gyrus** (motor strip) **TMS** treatment location



TMS treatment consists of:

30-45 mins/session



20 minimum sessions to

determine a response



Maintenance necessity determined

in consultation with you and your patient.



or

Have trialled at least

two antidepressants

Robert

**Diagnosis:** 

Major depression

with persistent

Recommended

TMS augmentation

symptoms.

approach:





### • Most patients combine TMS treatment with antidepressant medications • Some patients who who are unable to tolerate antidepressants undergo TMS monotherapy There are no medication contraindications

TMS can be used as an augmentation therapy or as monotherapy

12 months ago 10 years ago years ago **Treatment history: Treatment history: Treatment history:** 2 prior 3 prior 11 prior antidepressants antidepressants antidepressants

response, still has

some persistent

symptoms; poor

compliance due

monotherapy or augmentation.

Major depression 3

Kate

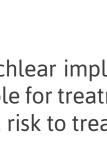
Diagnosis:

with some

TMS as

to treatment side to help reduce effects. persistent Recommended symptoms. approach:

# **Contraindications and precautions** • Patients with implants in their head (such as Cochlear implants, nerve stimulators or intracranial clips) may not be eligible for treatment. Note: dental fillings, braces and retainers do not pose a risk to treatment, and



Phil

Diagnosis:

Bipolar depression

with persistent

Recommended

TMS augmentation.

Review medication

during maintenance

symptoms.

approach:

phase.

## are not factors for exclusion. • Patients with a history of seizures within 2 years at the time of referral may not be eligible. History of siezures does not automatically exclude

neurologist. Each patient is assessed on a case-by-case basis.

patients from treatment, but may require review by the patient's

## A referral can be emailed or faxed to TMS Clinics Australia. Your patient will be contacted within one business day. TMS Clinics Australia Patient Care Team will explain the treatment details to your patients.

TMS Clinics Australia will take care of all funding

TMS Clinics Australia Service Coordinators will

liaise with the patient's treatment team and will

requests for Workcover, DVA & health funds.

How do I refer a patient?



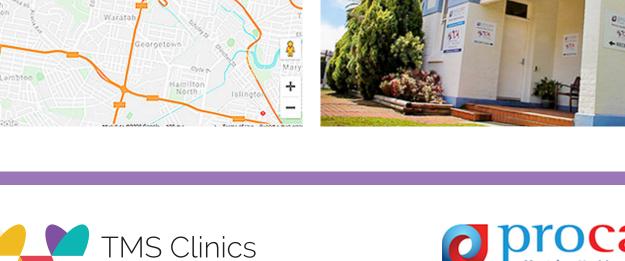
ProCare Mental Health Services, located in Waratah, now offers TMS services. We invite local GPs to make referrals to ProCare via TMS Clinics

Australia. Contact details can be found at the bottom of this email.

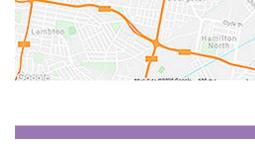
keep you informed of their progress.

22 Turton Road, Waratah NSW 2298









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www.tmsaustralia.com.au **1300 867 889** 

References: 1. Rush AJ, et al. Am J Psychiatry 2006; 163:1905–1917. 2. Carpenter LL, et al. Depression Anxiety 2012; 29:587-596. 3. Fitzgerald PB, et al. Depress Anxiety 2016; 33:746-753. 4. Senova S, et al. Brain Stimulation

2019;12:119–128. **5.** Malhi GS, et al. Aust NZ J Psychiatry 2015; 49:1-185.